**TF-CBT Case Information**

**Client Initials or Pseudonym** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**\_\_\_\_ **Gender**\_\_\_\_\_

**Presenting Problems** *(Biggest concerns? Why is treatment requested)?*

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**Trauma History:** *(types of events & ages occurred; worst event for child)*

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**Diagnosis** & **PTSD Symptoms:**

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| **CATS (or other msr)** | **Child** | **Cgvr** | **Additional Diagnostic Info:** |
| Total Severity Score |   |   |
| B Symptom # (Re-experiencing) |   |   |
| C Symptom # (Avoidance) |   |   |
| D Symptom # (Negative Beliefs) |   |   |
| E Symptom # (Hyperarousal) |  |  |

**Family Information** *(Primary caregiver? Caregiver involvement in treatment? Living situation? Barriers to treatment?)*

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**Other Important Case Information** *(Time in current treatment? Previous treatment? legal, DHS involvement? Concerns about this case?)*

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